07/16/2009 11:23

Image# 29934291357

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Ot	her Than An Au	uthorized Com	ımittee		Office Use Only	
NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT	- Example:If over the line	typing, type es			
American Council of I		tical Action Committ	.ee				
					1 1 1 1 1		
ADDRESS (number and str	Suite	Constitution Ave., N\	<i>N</i>		ı DC ı	20001 1	
reported. (ACC)  2. <b>FEC IDENTIFICATIO</b>			CITY A		STATE A	ZIPCOI	DE A
C00147066		3.	IS THIS REPORT	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report  April 15 Quarterly R  July 15 Quarterly R  October 15 Quarterly R  January 31 Quarterly R  July 31 Mid Report(Non Year Only)  Terminatior (TER)	ts: eport(Q1) eport(Q2) eport(Q3) eport(YE) -Year election (MY)	(c) 12-Day PRE-Election Report for the:  Elec  (d) 30-Day Post -Election Report for the:	Primary Conver	May 20 (M5)  Jun 20 (M6)  X Jul 20 (M7)  y (12P)  ntion (12C)	Sep :	2G) in the State o	Special (30S)
5. Covering Period	0 6	2009	thro	ough 0 6	30	2009	
I certify that I have examin Type or Print Name of Tre Signature of Treasurer		Donald L. Walker			t and complete.  Date 0 7	16	2009
NOTE : Submission of fals	se, erroneous, or	incomplete informat	tion may subject th			penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/32

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Council of Life Insurers Political Action Committee D D <sup>®</sup>D 06 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 58032.39 January 1 (b) Cash on Hand at 33292.38 Begining of Reporting Period ..... 47864.33 202100.55 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 81156.71 260132.94 6(a) and 6(c) for Column B) ..... 44325.00 223301.23 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 36831.71 36831.71 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 32

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	11292.82	43056.46
(ii) Unitemized	8071.51	22544.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19364.33	65600.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	28500.00	136500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47864.33	202100.55
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47864.33	202100.55
D. Total Federal Receipts (subtract Line 18(c) from Line 19)	47864.33	202100.55

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/32

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		l .
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	44325.00	219801.23
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		0.00
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	3500.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31	Total Disbursements (add Lines 21(c), 22,		
٠	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44325.00	223301.23
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	44325.00	223301.23
	from Line 31)	44323.00	223301.23

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 32

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	47864.33	202100.55
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	47864.33	202100.55
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	itical Action (	Committee	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Assurant Inc. Political Action Committee			Date of Receipt
	Mailing Address P.O. Box 3050			06 01 2009
	City Milwaukee	State WI	Zip Code 53201	Transaction ID: 30082263
	FEC ID number of contributing federal political committee.		0185694	Amount of Each Receipt this Period  5000.00
	Name of Employer	Occupatio	n	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial)  Nationwide Mutual Insurance Company Political  Mailing Address One Nationwide Plaza		ee	Date of Receipt
	City	State	Zip Code	06 03 2009
	Columbus	OH	43215	Transaction ID: 30107473  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> cod	0076174	5000.00
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
С.	Full Name (Last, First, Middle Initial) ING US PAC			Date of Receipt
	Mailing Address 151 Farmington Ave TS31			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hartford	State CT	Zip Code 06156	Transaction ID: 30233928  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0184028	5000.00
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)			15000.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/32 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Protective Life Corp. PAC  Mailing Address P. O. Box 2606  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)	State Zip Code AL 35202  C C00161414  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M M D D D Z D Y Y Y Y Y  Transaction ID: 30236069  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial) Allianz Life Insurance Company PAC Mailing Address 591 Redwood Highwa  City Mill Valley  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)	State Zip Code CA 94941  C C00095109  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) HSBC North America PAC (H-PAC) Mailing Address 26525 N. Riverwoods  City Mettawa  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼	Blvd.  State Zip Code IL 60045  C C00033423  Occupation  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M D D D 2009  Transaction ID: 30488943  Amount of Each Receipt this Period  5000.00
SUBTOTAL of Receipts This Page (optional) .		13500.00
TOTAL This Period (last page this line number	r only)	28500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Polit	name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael M. Masterson, CLU  Mailing Address 445 East North Water Apt. 1405  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Sammons Financial Group  Receipt For: Primary General Other (specify)	State Zip Code IL 60611-5535  C  Occupation Chairman of the Board & Chief Execut Aggregate Year-to-Date  1000.00	Date of Receipt  M M M D D D 2 2 0 0 9  Transaction ID: 30233932  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Mr. Steven C. Palmitier  Mailing Address 17 S. Bruner  City Hinsdale  FEC ID number of contributing federal political committee.  Name of Employer Midland National Life Insurance Compan Receipt For: Primary General Other (specify)	State Zip Code IL 60521-3002  C Occupation President & Chief Operating Officer Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. John J. Craig, II  Mailing Address 101 N. Euclid Ave Unit 25  City Oak Park  FEC ID number of contributing federal political committee.  Name of Employer Sammons Financial Group  Receipt For: Primary General Other (specify)	State Zip Code IL 60301-1427  C  Occupation President & CFO  Aggregate Year-to-Date  450.00	Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (crieck drilly drie)
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Council of Life Insurers	ng the name and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	Folitical Action Committee	
Full Name (Last, First, Middle Initial) Esfandyar E. Dinshaw		Date of Receipt
Mailing Address 3615 131st Street		06 09 2009
City	State Zip Code	Transaction ID: 30234685
Urbandale	IA 50323-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Midland National Life Ins-	Occupation	
urance Compan Receipt For:	President, Annuities	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Mr. Ron G. Ottenbacher	I	Date of Receipt
Mailing Address 2001 Rose Creek	Drive	0 6 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 30236071
Fargo	ND 58104-6804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Midland National Life Ins- urance Compan	Occupation SVP, Corporate Markets	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Mr. Stephen P. Horvat, Jr.		Date of Receipt
Mailing Address 318 Vonder Lane		0 6 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 30236118
Geneva	IL 60134-2874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Midland National Life Ins- urance Compan	Occupation Senior Vice President & Gen	eral Counse
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (option	nal)	950.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pole	ne name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Gary J. Gaspar Mailing Address 1162 Banyon Court  City Naperville  FEC ID number of contributing federal political committee.  Name of Employer Sammons Financial Group  Receipt For: Primary General		Zip Code 60540-6344  n ce President & CIO Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 30236231  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Mr. Kevin J. McKeown Mailing Address 9 Helen Street  City Binghamton  FEC ID number of contributing federal political committee.  Name of Employer Security Mutual Life Insurance Company Receipt For: Primary General Other (specify)		Zip Code 13905-4119	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 9 2 0 0 9  Transaction ID: 30236799  Amount of Each Receipt this Period  225.00
Full Name (Last, First, Middle Initial) Mr. C. Robert Henrikson  Mailing Address 1095 Avenue of the A  City New York  FEC ID number of contributing federal political committee.  Name of Employer MetLife, Inc.  Receipt For: Primary General Other (specify)	State NY  C  Occupation Chairman	Zip Code 10036-6797  n of the Board, President & G Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 30244012  Amount of Each Receipt this Period  1250.00
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number			1775.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one)    X
0	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\angle$		IIICAI ACIION	Committee	
۵.	Full Name (Last, First, Middle Initial) Mr. Bruce W. Boyea			Date of Receipt
	Mailing Address 15 Campbell Road Co	ourt		06 15 2009
	City Binghamton	State NY	Zip Code 13905-4301	Transaction ID: 30258719
	FEC ID number of contributing federal political committee.	C	13903-4301	Amount of Each Receipt this Period  1000.00
	Name of Employer Security Mutual Life Insu- rance Company		n, President & CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	]
 3.	Full Name (Last, First, Middle Initial) Mr. Robert Tekolste			Date of Receipt
	Mailing Address 525 West Van Buren			06 22 2009
	City	State	Zip Code	Transaction ID: 30437563
	Chicago  FEC ID number of contributing federal political committee.	C	60607-3823	Amount of Each Receipt this Period 300.00
	Name of Employer Sammons Financial Group	Occupation Senior V	n ice President	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Mr. Garth A. Garlock			Date of Receipt
	Mailing Address 525 West Van Buren			06 22 2009
	City	State	Zip Code	Transaction ID: 30437766
	Chicago FEC ID number of contributing federal political committee.	C	60607-3823	Amount of Each Receipt this Period  300.00
	Name of Employer North American Company for Life & Heal	Occupation Senior V	on lice President & Chief Market	<del></del>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Brian P. Rohr Mailing Address 2612 River Woods Dr. City Naperville FEC ID number of contributing federal political committee.  Name of Employer Sammons Financial Group  Receipt For: Primary General Other (specify)	State Zip Code IL 60565-6316  C  Occupation SVP, Organization Development Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 2 2 2 2 0 0 9  Transaction ID: 30437807  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora  Mailing Address 866 Crestgate Circle  City Orlanda  FEC ID number of contributing federal political committee.  Name of Employer Hannover Life Reassurance Company of A Receipt For:  Primary General Other (specify)	State Zip Code FL 32819  C  Occupation SVP & Chief Actuary  Aggregate Year-to-Date ▼  220.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora  Mailing Address 866 Crestgate Circle  City Orlanda  FEC ID number of contributing federal political committee.  Name of Employer Hannover Life Reassurance Company of A Receipt For:  Primary General Other (specify)	State Zip Code FL 32819  C  Occupation SVP & Chief Actuary  Aggregate Year-to-Date  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 30613378  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		290.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one)    X	
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political Council of Life Insurers Political Council Co	tical Action Committee		
Full Name (Last, First, Middle Initial)  Mr. Ross L. Sargent		Date of Receipt	
	Mailing Address 101 Constitution Ave, NW		
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR1120489717045  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	96.00	
Name of Employer American Council of Life Insurers	Occupation Senior Counsel		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	P/R Deduction (\$48.00 Semi-Monthly)	
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker	l	Date of Receipt	
Mailing Address 101 Constitution Ave, Suite 700		06 7 30 7 2009	
City <u>Washington</u>	State         Zip Code           DC         20001-2133	Transaction ID: PR1156427117045  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer American Council of Life Insurers	Occupation CFO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Sem- i-Monthly)	
Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone	<u> </u>	Date of Receipt	
Mailing Address 32 Lincoln		06 30 7 2009	
City Weatoque	State Zip Code CT 06089-9780	Transaction ID: PR1503560117045	
FEC ID number of contributing federal political committee.	C 00009-9780	Amount of Each Receipt this Period 62.00	
Name of Employer VantisLife Insurance Comp- any	Occupation President & Chief Executive Officer		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 403.00	P/R Deduction (\$31.00 Bi- Weekly)	
SUBTOTAL of Receipts This Page (optional)		258.00	
TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial)			
	Mr. Walter C. Welsh  Mailing Address 101 Constitution Ave. 101 Constitution Ave.			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR1550105917045
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		348.96
	Name of Employer American Council of Life Insurers Receipt For:  □ Primary □ General □ Other (specify) ▼		e Vice President e Year-to-Date ▼ 2093.76	P/R Deduction (\$174.48 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.	1		Date of Receipt
	Mailing Address 101 Constitution Ave. Suite 700			06 30 2009
	City	State	Zip Code	<b>Transaction ID:</b> PR1554864817045
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupatio Counsel	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave. Suite 700	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1565786717045
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	<del></del>	Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	•		488.96

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	e name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR1647849717045
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	Occupation Counsel,	n Taxes & Retirement Securit	у
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
– В.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	1		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West			06 30 7 2009
	City Washington	State DC	Zip Code	<b>Transaction ID:</b> PR771358217045
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  291.66
	Name of Employer American Council of Life Insurers		e Vice Pres & General Couns	se
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1749.96	P/R Deduction (\$145.83 Semi-Monthly)
С. С.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 7 2009
	City	State	Zip Code	Transaction ID: PR771362417045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		101.66
	Name of Employer American Council of Life Insurers		sident, Conference Developn	nent
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$50.93 Som
	Other (specify)	0 0	609.97	P/R Deduction (\$50.83 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		433.32

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771362817045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupation Senior Co		]
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West	NW		06 30 7 2009
	City State		Zip Code	Transaction ID: PR771365417045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	nue, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771369017045
	<u>Washington</u>	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		54.60
	Name of Employer American Council of Life Insurers		slative & Regulatory Informati	i
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.60	P/R Deduction (\$27.30 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		214.60

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one)    X
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) american Council of Life Insurers Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	ull Name (Last, First, Middle Initial)	IIIIOAI ACIIOIT	Oommittee	
_	Ir. J. Bruce Ferguson lailing Address 101 Constitution Avel Suite 700 West	nue, NW		Date of Receipt  0 6 3 0 2 0 0 9
C	ity Suite 700 West	State	Zip Code	Transaction ID: PR771373217045
	Vashington	DC	20001-2133	Amount of Each Receipt this Period
FI	EC ID number of contributing deral political committee.	С		261.46
<u>In</u>	ame of Employer merican Council of Life surers eceipt For:		ice President, State Relations	s
T-1	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1568.75	P/R Deduction (\$130.73 Semi-Monthly)
	ull Name (Last, First, Middle Initial) Is. Shawn Hausman			Date of Receipt
M 	ailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 7 2009
	ity	State	Zip Code	Transaction ID: PR771373517045
<u> </u>	Vashington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		48.96
In	ame of Employer merican Council of Life isurers	Occupation Sr. Vice	n President, Public Affairs	
R <sub>(</sub>	eceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 293.76	P/R Deduction (\$24.48 Sem- i-Monthly)
	ull Name (Last, First, Middle Initial) Ir. David M. Leifer			Date of Receipt
M	ailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 / 9 2009
	ity	State	Zip Code	Transaction ID: PR771374017045
	Vashington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		132.34
<u>In</u>	ame of Employer merican Council of Life ssurers	Occupation Senior C	counsel	
R <sub>0</sub>	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 794.03	P/R Deduction (\$66.17 Sem- i-Monthly)
SUE	BTOTAL of Receipts This Page (optional)			442.76

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mand and add	y not be sold or used by any person dress of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Average Suite 700 West	nue, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771376017045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Research	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Sem- i-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771376817045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.30
	Name of Employer American Council of Life	Occupatio	n   Vice President	
	Insurers Receipt For:	<del>'                                      </del>	e Year-to-Date	1
	Primary General Other (specify) ▼		283.80	P/R Deduction (\$23.65 Sem- i-Monthly)
- ).	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
-	Mailing Address 101 Constitution Ave, Suite 700	, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771377117045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Council of Life Insurers	Occupatio Regional	n   Vice President, State Relatio	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$100.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		307.30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Α)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 19/32   (check only one)			
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
American Council of Life Insurers F	Political Action (	Committee				
Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt			
Mailing Address 101 Constitution Av Suite 700 West	venue, NW		06 30 7 2009			
City	State	Zip Code	<b>Transaction ID:</b> PR771395117045			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		468.76			
Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice President, Federal Re	lal			
Receipt For:		Year-to-Date ▼				
Primary General Other (specify) ▼		2812.55	P/R Deduction (\$234.38 Semi-Monthly)			
Full Name (Last, First, Middle Initial) Mr. Morris Goff	<b>I</b>		Date of Receipt			
Mailing Address 101 Constitution Avenue, NW Suite 700 West			06 30 7 2009			
City	State	Zip Code	<b>Transaction ID:</b> PR771419317045			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		177.26			
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Federal Relations				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		904.00	P/R Deduction (\$88.63 Sem- i-Monthly)			
Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt			
Mailing Address 101 Constitution Av Suite 700 West	venue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: PR771419717045			
Washington	DC	20001-2133	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		416.66			
Name of Employer American Council of Life Insurers  Occupation President						
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	2499.96	P/R Deduction (\$208.33 Semi-Monthly)			
			1062.68			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one)    X   11a
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	tical Action	Committee	
<b>.</b> <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		06 30 7 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419817045
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 416.66
	Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼	1	e Vice President & COO e Year-to-Date ▼  2499.96	P/R Deduction (\$208.33 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Brenda Nation Mailing Address 101 Constitution Avenue	NIVA/		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		06 30 7 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419917045
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period
	Name of Employer American Council of Life Insurers	Occupation Senior C		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: PR771421017045
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  100.00
	Name of Employer American Council of Life Insurers	Occupation Senior C	n ounsel & Director, Southern	─ Re
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	UBTOTAL of Receipts This Page (optional)	1		616.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma he name and ad	y not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	olitical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		06 30 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771421117045
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼		on General Counsel e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem-i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	e, NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771422917045
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 64.88
	Name of Employer American Council of Life Insurers	Occupation PAC Direction		-
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 389.28	P/R Deduction (\$32.44 Sem- i-Monthly)
. <del>-</del>	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	enue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771423217045
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 80.00
	Name of Employer American Council of Life Insurers Receipt For:	<del>-, '</del>	e General Counsel, Litigation e Year-to-Date ▼	<u>-</u>
	Primary General Other (specify) ▼	, iggi ogali	480.00	P/R Deduction (\$40.00 Semi- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		184.88

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one)    X   11a
A	Any information copied from such Reports and Sur for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	itical Action (	Committee	
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		06 30 7 2009
	City	State	Zip Code	Transaction ID: PR771428717045
	Washington FEC ID number of contributing	C	20001-2133	Amount of Each Receipt this Period  121.76
	federal political committee.			121.70
	Name of Employer American Council of Life Insurers	Occupation Senior Le	n egislative Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		730.55	P/R Deduction (\$60.88 Sem- i-Monthly)
- 3.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott	1		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West	NW		06 30 7 2009
	City	State	Zip Code	Transaction ID: PR771428817045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		131.04
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President, Federal Relati	0
	Receipt For:	<u>, '                                   </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		786.26	P/R Deduction (\$65.52 Sem- i-Monthly)
_ ;.	Full Name (Last, First, Middle Initial) David C. Turner	_		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428917045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.84
	Name of Employer American Council of Life Insurers	<del></del>	President and Corp Sec.	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$97.92 Sem-
	Other (specify) ▼		1175.03	i-Monthly)
	SUBTOTAL of Receipts This Page (optional) .			448.64

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one)    X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action (	Committee	
	Full Name (Last, First, Middle Initial) Alane R. Dent			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		06 30 2009
	City	State	Zip Code	Transaction ID: PR771444317045
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		58.34
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.03	P/R Deduction (\$29.17 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue NW		06 30 7 2009
	City Washington	State DC	Zip Code	Transaction ID: PR771444917045
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers	Occupatio Controlle	er	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mrs. Courtney English			Date of Receipt
	Mailing Address 101 Consitution Avenu Suite 700	ue NW		06 30 7 2009
	City	State	Zip Code	Transaction ID: PR771449417045
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.26
	Name of Employer American Council of Life Insurers	<del>, '</del>	Grassroots	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 217.55	P/R Deduction (\$18.13 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		134.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 32 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Council of Life Insurers F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
Mailing Address 101 Constitution Av			06 30 2009
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771449617045  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20001 2100	50.00
Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼		n ice President e Year-to-Date ▼	P/R Deduction (\$25.00 Sem-i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice Perkins			Date of Receipt
Mailing Address 101 Constitution Av Suite 700	ve, NW		06 30 7 2009
City	State	Zip Code	Transaction ID: PR805149117045
Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  185.42
Name of Employer American Council of Life Insurers		sident, Federal Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 982.73	P/R Deduction (\$92.71 Sem-i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman			Date of Receipt
Mailing Address 101 Constitution Av Suite 700	venue, NW		06 30 7 9 9
City	State DC	Zip Code	Transaction ID: PR904819517045
Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  50.00
Name of Employer American Council of Life Insurers		Insurance Regulation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional	al)	<b>)</b>	285.42
TOTAL This Period (last page this line num	shor only)		11292.82

ITEMIZED DISBURSEMENTS	TEMESED DIODUDOEMENTO	Use separate schedule(s	(check only one)	PAGE 25/32	
NAME OF COMMITTEE (In Full)  Namer (Last, First, Middle Initial)  Moore for Congress  Mailing Address PO Box 14631  City State Zip Code Shawnee Mission KS 66285  Purpose of Disbursement  Candidate Name Dennis Moore  Office Sought: X   House President State President State President Disbursement For: 2010  Mailing Address 1111 C Street, SE  City State Senate Price of Disbursement  Candidate Name  The Freedom Project  City State Senate President State: Disbursement For: 20003  Purpose of Disbursement  Candidate Name  The Freedom Project  City State President State: District: 03  Full Name (Last, First, Middle Initial)  Transaction ID: 30439602  Date of Disbursement be percently and the percently of	II EMIZED DISBURSEMENTS		21b 22 X		
American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) Moore for Congress  Mailing Address PO Box 14631  City Shawnee Mission Size Zip Code Shawnee Mission KS 66285  Purpose of Disbursement  Candidate Name Dennis Moore  Office Sought: X House President State: KS District: 03  Full Name (Last, First, Middle Initial) The Freedom Project  Mailing Address 111 C Street, SE  City Washington  Office Sought: House Candidate Name Disbursement  Office Sought: House Candidate Name Disbursement  Office Sought: House Candidate Name The Freedom Project  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury Candidate Name Candidate Name Candidate Name President State: District:  Full Name (Last, First, Middle Initial) Caredidate Name President State: District:  Full Name (Last, First, Middle Initial) Caredidate Name President State: District:  City Glastonbury Candidate Name Office Sought: X House Candidate Name Disbursement  Office Sought: X House President Candidate Name Disbursement Office Sought: X House President Candidate Name Disbursement Office Sought: X House President Candidate Name Disbursement Office Sought: X House President Candidate Name Disbursement Office Sought: X House President Candidate Name Disbursement Office Sought: X House President Office Sought: X House Presid	or for commercial purposes, other than using the na				
Moore for Congress  Mailing Address PO Box 14631  City Strawnee Mission State KS 66285  Purpose of Disbursement  Candidate Name Dennis Moore  Office Sought:	` '	al Action Committee			
City State Name President State State Sep Code Washington DC 20003  Purpose of Disbursement  Candidate Name Dennis Moore  Office Sought: X House President State: District: 03  Full Name (Last, First, Middle Initial)  Candidate Name Project  City State Zip Code Washington DC 20003  Purpose of Disbursement  Candidate Name The Freedom Project  Candidate Name President Disbursement For: Senate President Senate President Disbursement The Freedom Project  Candidate Name Office Sought: Senate President State: District:  Full Name (Last, First, Middle Initial)  Larson for Congress  Malling Address 29 Ruff Circle  City State Zip Code Office Sought: State Zip Code Office Sought: Senate President Office Sought: Senate President Office Sought: Senate Senate Senate Senate Office Sought: Senate Senate Senate Senate Senate Senate Office Sought: Senate S			Date of Dis	bursement	
Shawnee Mission KS 66285  Purpose of Disbursement  City Washington  Candidate Name  The Freedom Project  City Senate  President  State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  The Freedom Project  City Senate  President  State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  The Freedom Project  City State Zip Code  Washington  DC 20003  Purpose of Disbursement  Candidate Name  The Freedom Project  City Senate  President  District:  Full Name (Last, First, Middle Initial)  Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code  Disbursement For:  Senate  President  District:  Full Name (Last, First, Middle Initial)  Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury  Candidate Name  John Larson  Office Sought:   House   Disbursement For:  Glastonbury   State Zip Code   O6033    Disbursement   O11    Candidate Name  John Larson  Office Sought:   House   Senate   President   O11    Candidate Name  John Larson  Office Sought:   House   Senate   President   Other (specify) ▼    Senate   President   Other (specify) ▼    Candidate Name  John Larson  Office Sought:   House   Senate   President   Other (specify) ▼    Senate   President   Other (specify) ▼    Candidate Name   Other (specify) ▼    Candidate Name   Other (specify) ▼    Other (specify) ▼   Other (specify) ▼    Senate   President   Other (specify) ▼    Candidate Name   Other (	Mailing Address PO Box 14631				
Candidate Name Dennis Moore  Office Sought:			Amount of		
Dennis Moore  Office Sought: X House			011	1000.00	
Senate President State: KS District: 03  Full Name (Last, First, Middle Initial) The Freedom Project  Mailing Address 111 C Street, SE  City Washington DC 20003  Purpose of Disbursement  Candidate Name The Freedom Project  Other (specify) ▼  Amount of Each Disbursement this Peric Category/ Type  City State Zip Code D1					
The Freedom Project  Mailing Address 111 C Street, SE  City State Zip Code Washington DC 20003  Purpose of Disbursement  Candidate Name The Freedom Project  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code Classon Date of Disbursement this Peric District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code Classon Disbursement  Candidate Name John Larson  Office Sought: X House Senate President Solution Disbursement  Candidate Name John Larson  Office Sought: X House Senate President Senate President Solution Disbursement For: 2010 Senate President Senate President State: CT District: 01	Senate President	X Primary General			
City Washington DC 20003  Purpose of Disbursement  Candidate Name The Freedom Project  Office Sought: House Primary General District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailling Address 29 Ruff Circle  City Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate Primary General Other (specify) ▼  Transaction ID: 30439603 Date of Disbursement  Office Sought: CT 06033  Amount of Each Disbursement this Peric Category/ Type  Amount of Each Disbursement this Peric Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  State: CT District: 01  Category/ Type  Office Sought: X House Other (specify) ▼  State: CT District: 01	Full Name (Last, First, Middle Initial)		Date of Dis	bursement	
Washington DC 20003  Purpose of Disbursement  Candidate Name The Freedom Project  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate Primary General Other (specify) ▼  State Zip Code CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate President Senate President State: CT District: 01  State: CT District: 01	Mailing Address 111 C Street, SE		<sup>D</sup> 23 Y 2009Y		
Candidate Name The Freedom Project  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate Primary General Other (specify) ▼  Transaction ID: 30439603  Date of Disbursement  Office Sought: Amount of Each Disbursement this Period Category/Type  Office Sought: X House Senate Primary General Other (specify) ▼  State: CT District: 01			Amount of	• • • • • • •	
The Freedom Project  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate Primary General Other (specify) ▼  State: CT District: 01  Transaction ID: 30439603  Date of Disbursement  Mo M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				2500.00	
Senate President District:  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury Candidate Name John Larson  Office Sought:  X House President Disbursement  Disbursement  Other (specify)  Transaction ID: 30439603 Date of Disbursement  M O 6 M / D 2 B / Y 2 0 0 9 Y  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House President President Other (specify)  State: CT District: 01	The Freedom Project		· ,		
Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury Purpose of Disbursement  Candidate Name John Larson  Office Sought:  X House President State: CT District: 01  Transaction ID: 30439603 Date of Disbursement  0 6 M / D 2 3 / Y 2 0 0 9 Y  Amount of Each Disbursement this Period  1000.00  Amount of Each Disbursement this Period  1000.00	Senate President	Primary General			
City State Zip Code Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate President  President  State: CT District: 01  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Other (specify)	Full Name (Last, First, Middle Initial)		Date of Dis	bursement	
Glastonbury CT 06033  Purpose of Disbursement  Candidate Name John Larson  Office Sought: X House Senate President President State: CT District: 01  CT 06033  1000.00  1000.00  Category/ Type  Category/ Type  Condidate Name Category/ Type  Condidate Name Category/ Type  Other (specify) ▼	Mailing Address 29 Ruff Circle			23 / 2009	
Candidate Name John Larson  Office Sought:  Senate President  State: CT  District: 01  O11  Category/ Type  Other (specify)  Other (specify)  Other (specify)			Amount of	Each Disbursement this Perio	
Candidate Name John Larson  Office Sought:  Senate President  State: CT  District: 01  Category/ Type  Category/ Type  Category/ Type  Category/ Type	Purpose of Disbursement				
Senate President  State: CT  District: 01   X Primary General Other (specify) ▼		Category/			
	Senate President	X Primary General			
	State: CT District: 01				

ITEN		B (FEC Form	y Uses	separate schedule(	S)   /-   -	NUMBER: PAGE 26/32
	MIZED DIS	SBURSEMEN	ITS for ea	ach category of the iled Summary Page	(Crieck only	y one) 22   X   23   24   25   28a   28b   28c   29   3
						for the purpose of soliciting contributions licit contributions from such committee
NA	AME OF COM	MITTEE (In Full) ncil of Life Insurers				
		First, Middle Initial) Congress Committ	ee			Transaction ID: 30439605 Date of Disbursement
Ma	ailing Address	PO Box 44030	5			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} N & N \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City So	y omerville		State MA	Zip Code 02144	_	Amount of Each Disbursement this Period
	rpose of Disbu	rsement			011	1000.00
Re	indidate Name ep. Michael ( fice Sought:		Disbursement Fo	or: 2010	Category/ Type	
	ate: MA	X House Senate President District: 08	X Primar		ıl	
Ful		First, Middle Initial)				Transaction ID: 30439606 Date of Disbursement
Ma	Mailing Address 721 S Brea Canyon Road Suite 7					$\begin{bmatrix}\begin{smallmatrix}M\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\23\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
City	y amond Bar		State CA	Zip Code 91789		Amount of Each Disbursement this Period
	rpose of Disbu	rsement			011	1000.00
	ndidate Name ary Miller				Category/ Type	
Ga		1.1	Disbursement Fo		.1	
Off	fice Sought:	X House Senate President	X Primar	y Genera (specify) ▼	u	
Off Sta Ful	ate: CA	Senate	X Primar	,		Transaction ID: 30439608 Date of Disbursement
Sta Ful Kir	ate: CA	Senate President District: 42 First, Middle Initial)	X Primar Other	,		
Sta Full Kir Mai	ate: CA II Name (Last, nd For Cong	Senate President District: 42 First, Middle Initial) ress Committee	X Primar Other	,		Date of Disbursement  M 6 M / D 2 3 / Y 2 0 0 9 Y  Amount of Each Disbursement this Perio
Sta Full Kir Mai City Wa	ate: CA  Il Name (Last, nd For Cong ailing Address by ashington rrpose of Disbu	Senate President District: 42 First, Middle Initial) ress Committee  1207 C Street,	X Primar Other	(specify) ▼ Zip Code	Q11	Date of Disbursement  O 6 2 3 7 2 0 0 9
Sta Full Kir Mai City Wa Pur Car Re	ate: CA  Il Name (Last, nd For Cong ailing Address by ashington arpose of Disburndidate Name ep. Ron Kind	Senate President District: 42 First, Middle Initial) ress Committee 1207 C Street,	NE State DC	(specify)  Zip Code 20002		Date of Disbursement  M 6 M / D 2 3 / Y 2 0 0 9 Y  Amount of Each Disbursement this Period
Sta Full Kir Mai City Wa Pur Can Re	ate: CA II Name (Last, nd For Cong ailing Address  y ashington rpose of Disbu	Senate President District: 42 First, Middle Initial) ress Committee  1207 C Street,	NE  State DC  Disbursement For X Primar	Zip Code 20002	011 Category/ Type	Date of Disbursement  M 6 M / D 2 3 / Y 2 0 0 9 Y  Amount of Each Disbursement this Period

TEMPER DISCUSSION	Use separate schedule(s)	R LINE NUMBER: PAGE 27/32 eck only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29 3
Any Information copied from such Reports and Stator for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic	me and address of any political committe	
Full Name (Last, First, Middle Initial) Yarmuth For Congress  Mailing Address 1819 Brownsboro Roa Suite 100  City Louisville	State Zip Code KY 40206	Transaction ID: 30439610 Date of Disbursement  M M M D D D D Y Y Y O Y O Y  Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name Rep. John Yarmuth  Office Sought:  X House Senate President State: KY District: 03	Sement For: 2010  X Primary General Other (specify)	ory/
Full Name (Last, First, Middle Initial) Friends of John Tanner  Mailing Address 236 Massachusetts Av Suite 508  City Washington  Purpose of Disbursement	e, NE State Zip Code DC 20002	Transaction ID: 30439611 Date of Disbursement  M M / D 2 3 / Y 2 0 0 9  Amount of Each Disbursement this Period
Candidate Name John Tanner  Office Sought:  Senate President  State: TN  District: 08	Category Type  Seement For: 2010  X Primary General  Other (specify) ▼	·
Full Name (Last, First, Middle Initial) Barney Frank for Congress  Mailing Address 38 Ivy Street, SE  City Washington  Purpose of Disbursement	State Zip Code DC 20003	Transaction ID: 30439619 Date of Disbursement  M M M / D 2 3 / Y 2 0 0 9  Amount of Each Disbursement this Period
Candidate Name Barney Frank	on the control of the	pry/
SUBTOTAL of Disbursements This Page (optional	I)	▶ 3429.50

	Use separate schedule(s	(check onl	E NUMBER: PAGE 28/3			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
ny Information copied from such Reports and Start for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politi	cal Action Committee					
Full Name (Last, First, Middle Initial)			Transaction ID: 30439622 Date of Disbursement			
Mailing Address 5458 Third Street NE	MENUS Catering by Occasions  Mailing Address					
	State 7in Code		Amount of Fook Dishurs arount this Davi			
City Washington	State Zip Code DC 20011		Amount of Each Disbursement this Peri			
Purpose of Disbursement In-kind for catering for 6-16-09 breakfast		011	395.50			
Candidate Name Barney Frank		Category/ Type				
Senate President	ursement For: 2010  X Primary General  Other (specify) ▼		In-kind for catering for 6-16-09 breakfast			
State: MA District: 04  Full Name (Last, First, Middle Initial)			- "			
Bob Corker For Senate			Transaction ID: 30439667 Date of Disbursement			
Mailing Address PO Box 848			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Chattanooga	State Zip Code TN 37401		Amount of Each Disbursement this Period			
Purpose of Disbursement Debt Retirement for 2006 General Election		011	1000.00			
Candidate Name Sen. Robert Corker		Category/ Type				
X Senate President	ursement For: 2006 Primary X General Other (specify) ▼		Debt Retirement for 2006 General Election			
State: TN District: Gen Full Name (Last, First, Middle Initial)	eral Debt 2006					
Bob Corker For Senate			Transaction ID: 30439672 Date of Disbursement			
Mailing Address PO Box 848			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Chattanooga	State Zip Code TN 37401		Amount of Each Disbursement this Period			
Purpose of Disbursement		011	1000.00			
Candidate Name Sen. Robert Corker		Category/ Type				
Office Sought:    House   Disb     X   Senate     President	x Primary	,				
State: TN District:						

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	3)		eck only	NUMBE	n.		LP	AGE	29 / 3	32
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		8b	24 280		25 29	
	y Information copied from such Reports and Sta for commercial purposes, other than using the n											
$\rangle$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	cal Action Committee										
<u>/</u>	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress						action of Disk	ourser		9675		
	Mailing Address 499 South Capitol Str Suite 604	eet, SW				0 6	M /	<sup>D</sup> 2:	3 /	ž	0 ŏ 9	Y
	City Washington	State Zip Code DC 20003				Amou	int of E	ach [	Disburs			-
	Purpose of Disbursement			01						10	00.00	
	Candidate Name Rep. Bradley Miller	.5		ateg Typ	- 1							
	Senate President	rsement For: 2010  X Primary General Other (specify)										
	State: NC District: 13 Full Name (Last, First, Middle Initial)					Trans	action	ı ID:	3043	9682		
	Judy Biggert for Congress  Mailing Address P.O. Box 637						of Disb	ourser 2		Y Y	0 ŏ 9	Υ
	City Hinsdale	State Zip Code IL 60522				Amou	int of E	ach I	Disburs			-
	Purpose of Disbursement			01		L.			•	10	00.00	
	Candidate Name Judy Biggert			ateg Typ	-							
	Office Sought:  X House Senate President  State: IL  District: 13	x Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress					Date	of Disb	ourser		9685	'	
	Mailing Address P.O. Box 2232					0 6	M /	<sup>D</sup> 2:	3 /	ž	0 Ď 9	Y
	City Jenkintown	State Zip Code PA 19046				Amou	int of E	ach [	Disburs			-
	Purpose of Disbursement			01					•	10	00.00	
	Candidate Name Rep. Allyson Schwartz			ateg Typ								
	Senate President	rrsement For: 2010  X Primary General  Other (specify) ▼	•									
	State: PA District: 13											

		Use separate sched	dule(s)   (chec	LINE NUMBER: PAGE 30 / 32 ck only one)
ITEMIZE	ED DISBURSEMENTS	for each category o Detailed Summary	rtne   🖳 _	21b
				erson for the purpose of soliciting contributions to solicit contributions from such committee
\	F COMMITTEE (In Full)			
Americ	an Council of Life Insurers P	olitical Action Committee		
	e (Last, First, Middle Initial) neridge For Congress Comm	iittee		Transaction ID: 30439691 Date of Disbursement
Mailing /	Address Post Office Box 2 PO Box 28001	8001		06 06 7 23 7 2009
City Raleigh	l	State Zip Code NC 27611	9	Amount of Each Disbursement this Pe
	of Disbursement		044	1000.00
Candida Rep. B	e Name ob Etheridge		011 Category Type	y/
Office S	Senate President	Disbursement For: 201  X Primary Ge Other (specify)	0 neral	
	ne (Last, First, Middle Initial)			Transaction ID: 30439693 Date of Disbursement
Mailing /	Address 209 Pennsylvania	Ave, SE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City Washir	gton	State Zip Code DC 20003	e	Amount of Each Disbursement this Pe
Purpose	of Disbursement		011	5000.00
Candida	e Name		Category Type	y/
Office S	Senate President District:	Disbursement For:  Primary Ge  Other (specify) ▼	neral	
Full Nan	ne (Last, First, Middle Initial)			Transaction ID: 30439743 Date of Disbursement
Mailing /	Address 430 South Capito	Street, SE		06 23 7 2009
City Washir	gton	State Zip Code DC 20003	9	Amount of Each Disbursement this Pe
Purpose	of Disbursement		011	5000.00
Candida	e Name		Category Type	y/
Office S	Senate President District:	Disbursement For:  Primary Ge  Other (specify) ▼	neral	
Sidit.	District.			

Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) NRCC  Mailing Address 320 First Street, SE  Mailing Address 320 First Street, SE	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial)  DSCC  Mailing Address 120 Maryland Avenue, NE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  Office Sought:  Full Name (Last, First, Middle Initial)  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  City Washington  Office Sought:  Full Name (Last, First, Middle Initial)  NRCC  Other (specify) ▼  State  Other (specify) ▼  Amount of Each Disbursement this Perion  Office Sought:  Other (specify) ▼  Amount of Each Disbursement this Perion  Office Sought:  Other (specify) ▼  Other (specify	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee  Full Name (Last, First, Middle Initial) DSCC  Mailing Address 120 Maryland Avenue, NE  City Washington Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address 320 First Street, SE  City Washington  Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address 320 First Street, SE  City Washington  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRCC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Mailing Address  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Office Sought: Full Name (Last, First, Middle Initial) NRSC  Office Sought: Office Sought				
DSCC  Mailing Address 120 Maryland Avenue, NE  City State Zip Code Washington DC 20006  Purpose of Disbursement  Candidate Name  City Senate President Disbursement For: Senate Primary General Other (specify) ▼  City State Zip Code Disbursement  City State Zip Code Disbursement  City State Zip Code DC 20003  Purpose of Disbursement  City State Zip Code DC 20003  Purpose of Disbursement  Candidate Name  City Senate Primary General Disbursement For: Senate DC 20003  Purpose of Disbursement  Candidate Name Disbursement  City Senate Primary General Disbursement  Candidate Name Disbursement  City Senate Primary General Disbursement  Candidate Name Disbursement  City Senate Primary General Disbursement  City Senate Disbursement  City State Zip Code DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code DC 20002  City State Disbursement  Candidate Name  City State Disbursement  Category' Type  Disbursement  Category' Type  Amount of Each Disbursement this Perious Category' Type  District:  Amount of Each Disbursement this Perious Category' Type  City State Disbursement  Category' Type  Cit	NAME OF COMMITTEE (In Full)		Committee to son	en contributions from such committee
City Washington DC 20006  Purpose of Disbursement Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) NRCC  Mailing Address 320 First Street, SE  City Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code Dc 20002  Purpose of Disbursement For: Senate Primary General Disbursement for: Senate Disbursement Total Category Type  Office Sought: House Disbursement For: Senate Disbursement For: Senate Disbursement Total Category Type  City State Zip Code Washington DC 20002  Mailing Address 425 2nd Street, NE  City State Zip Code Date of Disbursement For: Senate Disbursement Total Category Type  Office Sought: House Disbursement For: Senate Disbursement For: Senate Drimary General Drimary Gener	,			
Washington DC 20006  Purpose of Disbursement  Candidate Name  Office Sought:	Mailing Address 120 Maryland Avenue, NI	Ē		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
Candidate Name  Office Sought:	Washington			Amount of Each Disbursement this Period
Office Sought:				5000.00
NRCC  Mailing Address 320 First Street, SE  City Washington Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) NRSC  Mailing Address  425 2nd Street, NE  City Washington  DC  State  Disbursement For: Senate President State:  City Washington  City Washington  City Washington  City Washington  DC  State  Disbursement  Disbursement  Other (specify)  Transaction ID: 30439786  Date of Disbursement  Other (specify)  Amount of Each Disbursement this Perior  Transaction ID: 30439786  Date of Disbursement  Other (specify)  Amount of Each Disbursement this Perior  Office Sought:  Office Sought:  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement  Office Sought:  Office Sought:  Other (specify)  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement  Office Sought:  Office Sought:  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement  Office Sought:  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Office Sought:  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Office Sought:  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Office Sought:  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Other (specify)  Other (specify)  Transaction ID: 30439786  Date of Disbursement Initial Sourcement  Other (specify)  Other (specify)  Other (specify)  Other (specify)	Office Sought: House Disburse Senate President	Primary General		
City Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) NRSC  Mailling Address 425 2nd Street, NE  City Washington DC 20002  Purpose of Disbursement  Candidate Name  City General Other (specify) ▼	, , , ,			Date of Disbursement
Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) NRSC  Mailing Address 425 2nd Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  State: District:	Mailing Address 320 First Street, SE		06 23 2009	
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) NRSC  Mailing Address 425 2nd Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:				Amount of Each Disbursement this Period
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) NRSC  Mailing Address 425 2nd Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  State Zip Code D1 Amount of Each Disbursement this Period D11 Category/Type  Office Sought: House Primary General Other (specify) ▼  State: District:			Category/	5000.00
NRSC  Mailing Address 425 2nd Street, NE  City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President  State: District:  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement For:  Category/ Type  Other (specify) ▼  15000.00	Senate President	Primary General		
City State Zip Code Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period Category/ Type  Amount of Each Disbursement this Period Category/ Type  Sought: Other (specify) ▼				Date of Disbursement
Washington DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Dispursement For: General Other (specify) ▼	Mailing Address 425 2nd Street, NE			06 23 7 2009
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify)  State: District:			5000.00	
Senate			0 ,	
15000.00	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional)	-			15000.00
	SUBTOTAL of Disbursements This Page (optional) .		<u> </u>	15000.00

В.

President

District: 04

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE	32 / 32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 28a 28b	24 28c	25 26 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political	Action Committee				
Full Name (Last, First, Middle Initial) Price For Congress  Mailing Address PO Box 425			Transaction ID: Date of Disburser	ment	0 0 9 Y
City Roswell Purpose of Disbursement	State Zip Code GA 30077		Amount of Each D		t this Period
Candidate Name Rep. Thomas Price, M.D.		011 Category/ Type			
	ement For: 2010 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) Jim Himes For Congress			Transaction ID: Date of Disburser	nent	V V
Mailing Address 65 High Ridge Road Box Box 456	456		06 7 26	8 2	0 0 9
City Stamford	State Zip Code CT 06905		Amount of Each D		
Purpose of Disbursement		011		100	00.00
Candidate Name Mr. Jim Himes		Category/ Type			
X	ement For: 2010 Primary General				

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b></b>	44325.00

Other (specify)

State: CT